

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004538

FILED
Sep 05, 2003
Secretary of State

Entity Name: THE WOMEN'S MINISTRY AND MINISTERIAL ALLIANCE, INC.

Current Principal Place of Business:

1873 TIGERWOOD COURT
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

1873 TIGERWOOD COURT
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-3593605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWTON, PATREZA D
1873 TIGERWOOD COURT
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEWTON, PATREZA D
Address: 1873 TIGERWOOD COURT
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: BURNS, NANCY
Address: 5249 LANETTE ST.
City-St-Zip: ORLANDO, FL 32811

Title: TD () Delete
Name: JOHNSON, DIANA
Address: 603 W. 14TH STREET
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: RANDOLF, KATRINA
Address: 5003 TREE SUMMIT PKW.
City-St-Zip: DULUTH, GA 30096

Title: D () Delete
Name: DENNIS, MICHELLE
Address: 750 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: WILKERSON, FRANKYE
Address: 4900 S. RIO GRANDE
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATREZA D. NEWTON

PRES

09/05/2003

Electronic Signature of Signing Officer or Director

Date

AMANDA REISE- DIRECTOR
750 SOUTH ORANGE BLOSSOM TRAIL STE.269
ORLANDO, FLORIDA 32805